

This application form is to be completed and returned to this office together with a fee of \$106.00 per viewing room prior to \_\_\_\_\_.

**Department of Public Safety  
STATE FIRE MARSHAL'S OFFICE  
52 STATE HOUSE, STATION  
AUGUSTA, MAINE 04333-0052**



Tel. 207-626-3880

Fax 207-287-6251

## APPLICATION FOR LICENSING OF THEATERS AND MOTION PICTURE HOUSES

*In accordance with the provisions of Title 8, MRSA, Sec. 651 and 652, application is hereby made for a license to operate a place of assembly to be used for theatrical or motion picture purposes.*

### APPLICATION TO OPERATE :

MOTION PICTURE HOUSE	<input type="checkbox"/>	NUMBER OF VIEWING ROOMS	<input type="checkbox"/>
THEATER -----	<input type="checkbox"/>	NUMBER OF VIEWING ROOMS	<input type="checkbox"/>
NEW LICENSE -----	<input type="checkbox"/>	RENEWAL -----	<input type="checkbox"/>

NAME OF FACILITY \_\_\_\_\_  
PHYSICAL LOCATION \_\_\_\_\_  
TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF CONTACT PERSON WITH KEY TO ALLOW  
ENTRANCE FOR INSPECTION. \_\_\_\_\_

TEL. \_\_\_\_\_

NAME OF BUILDING OWNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
ZIP \_\_\_\_\_ TEL. \_\_\_\_\_

NAME OF LICENSEE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
ZIP \_\_\_\_\_ TEL. \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Name and address where license is to be mailed: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ZIP \_\_\_\_\_

### OFFICE USE ONLY

EXISTING LICENSE WILL EXPIRE ON: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
OK TO ISSUE? \_\_\_\_\_ TYPE OF FACILITY: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

FEE REC'D	CHECK NO.	LICENSE NO.	EXPIRATION DATE	FILE NUMBER